

**SOUTH DAKOTA DEPARTMENT OF AGRICULTURE
WILDLAND FIRE DIVISION
CERTIFICATION OF PROJECT COMPLETION**

Applicant Information - Mailing Address

First Name: MI: Last Name:
Address:
City: State: ZIP Code:
Home: Cell:
DUNS #: Email:

Project Information

Address:
City: State: ZIP Code:
Legal Location: Latitude: Longitude:
Number of Acres: Community:

Participation Certification and Request for Payment

I certify that I have completed the above project in accordance with the project specifications and other program requirements. I hereby apply to the Wildfire Suppression Division for cost-share payment for completed project work. I have included documentation of costs incurred and a completed form W-9.

Signature of Applicant: Date:

Office Use Only

Approved by: <input type="text"/>	Date Approved: <input type="text"/>	Completion Date: <input type="text"/>
WUI Approved: <input type="text"/>	Date Approved: <input type="text"/>	Acres Treated: <input type="text"/>
Program: <input type="text"/>		
CFDA #: <input type="text"/>	Project Code: <input type="text"/>	Reimbursement: <input type="text"/>
Grant #: <input type="text"/>		

Project Description: